## 11030581807

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## FEC FORM 1 STATEMENT OF ORGANIZATION

(See instructions)

Office use only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Friends of Patrick Murphy				
ADDRESS (number and street)	757 SE 17th Street, #	358		ليبيب
(Check if address				لىبىب
is changed)	Fort Lauderdale		FL 33316	اــــا
		CITY	STATE A ZIP C	CODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address	Aimee@murphyforco	ngress.us		لحجيب
is changed)				1
·				
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address	www.murphyforcong	ress.us		1
is changed)	<del> </del>	<sub>╍</sub> ┨┈ <del>╏╸╏╸╏</del> ╌╇╌┷ <del>╏╸</del>	<u> </u>	<del></del>
L				
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFICATION NUMBER C				
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete				
Type or Print Name of Treasurer Patrick Murphy				
	100			
Signature of Treasurer	A. Comment	<u> </u>	Date 03 09	2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS				
Office Use Only		For further information Federal Election Commis Toll Free 800–424-9530 Local 202-694-1100	sion FEC F	ORM 1 02/2009)